



## Pueblo of Isleta, Higher Education Program 2016-2017 Application

**Academic Year**  
Fall 2016  
Spring 2017  
Summer 2017

**Application due by**  
July 1  
November 1  
April 1

**Required Documents due by**  
August 31  
December 31  
May 31

### APPLICATION STATUS (check all that apply)

Full Academic Year     Full-Time     Part-Time     Dual Attendance (must provide Consortium Agreement)

Were you previously funded?  No  Yes    Institution: \_\_\_\_\_ Term: \_\_\_\_\_ Year: \_\_\_\_\_

### PERSONAL INFORMATION (Please print clearly)

Name: \_\_\_\_\_  
(Last) (First) (MI) (Maiden/Other)

\_\_\_\_\_  
(Street/PO Box) (City) (State) (Zip)

Social Security #: \_\_\_\_\_ Isleta Tribal Census #: \_\_\_\_\_

**E-mail address (MANDATORY):** \_\_\_\_\_ Phone/Cell: \_\_\_\_\_  
*All future correspondence from this department to the student will be via email* (Area Code)

### EDUCATIONAL INFORMATION

High School Name/State: \_\_\_\_\_ Graduation Date (Month/Year): \_\_\_\_\_

University/College attending: \_\_\_\_\_ **Student ID (MANDATORY):** \_\_\_\_\_

Type of Degree Seeking     Certificate     Associate     Bachelor     Graduate     Doctorate

Major: \_\_\_\_\_ Minor: \_\_\_\_\_

Current Classification:     Freshman     Sophomore     Junior     Senior     Graduate     Doctorate

Have a Certificate or Degree?    Degree: \_\_\_\_\_ Institution: \_\_\_\_\_ Year: \_\_\_\_\_

I hereby give my consent for all institutions to which I am applying to provide the Isleta Higher Education Program (IHEP) with all encompassing information pertaining to my prior, current, and continued academic and financial aid eligibility. I understand false or misleading information given in this application or required documents may result in suspension of receiving IHEP supplemental assistance all together.

I have received, read and understand the Isleta Resolution Number 2008-197 Pueblo of Isleta Higher Education Policy & Provisions dated June 30, 2008, and agree to abide by them to my fullest ability. I understand the Pueblo of Isleta Board of Education as approved by Isleta Tribal Council may amend these policies & procedures at any time, without prior notice.

Applicant's Signature \_\_\_\_\_ Date: \_\_\_\_\_

A photocopy of this authorization shall have the same force and effect as an original. Keep a copy for your records.